

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008016

STATE FILE NUMBER

XC3337475

REG #119426

FILED MAR 8 1959

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

589

1. PLACE OF DEATH a. COUNTY ST LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS			c. CITY (If outside, give location) OR TOWN WEBSTER GROVES		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSP			d. STREET ADDRESS #3 ANGEST CIRCLE		
Length of stay in 1b 97 1/2 days			Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ELMER Middle A Last WALKER			4. DATE OF DEATH Month MARCH Day 3 Year 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 26, 1919		9. AGE (In years last birthday) 39
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) ST. LOUIS, MO
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME WILLIAM AUGUST WALKER			13b. MOTHER'S MAIDEN NAME LOUISE AHLE		
14. NAME OF HUSBAND OR WIFE MADELINE WALKER					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES WW II			16. SOCIAL SECURITY NO. 4930938		
17. INFORMANT VA HOSPITAL RECORDS, JEFF. BRKS., MISSOURI			Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA, HYPOSTATIC DUE TO (b) MULTIPLE SCLEROSIS DUE TO (c) Undetermined Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 2-3 WEEKS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY ST. LOUIS STATE MO	
21. I attended the deceased from 7-2-56 to 3-3-59 Death occurred at 3-3-59 3:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. Oppler (Degree or title) Dir. of Prof. Services			22b. ADDRESS VAH Jefferson Barracks, Mo.		22c. DATE SIGNED 3-3-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-3-59	23c. NAME OF CEMETERY OR CREMATORY NATIONAL		23d. LOCATION (City, town, or county) (State) JEFF. BRKS. MO
24. FUNERAL DIRECTOR EDW. F. F. F. F.			25. DATE RECD. BY LOCAL REG. 3-4-59		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Harley R. Keller Jr*

- - Licensed Embalmer No. *9950*

P. O. Address *St Louis*

- - Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.